



# HEALTH PLAN PERFORMANCE REPORT

Measuring the Quality of  
Maryland Commercial Managed Care Plans:  
2010 Performance Report

## ABOUT THE COMMISSION

### ABOUT THE COMMISSION

The Maryland Health Care Commission (MHCC) is a public regulatory commission appointed by the Governor with the advice and consent of the Maryland Senate. A primary function of the Commission is to evaluate and publish findings on the quality and performance of commercial managed care health plans that operate in Maryland. MHCC publishes annual comparative reports with the cooperation of the health plans. These annual performance reports are a free source of objective, comprehensive, independently audited information on health plan quality in Maryland. More information about MHCC and the reports it produces is available at <http://mhcc.maryland.gov>.

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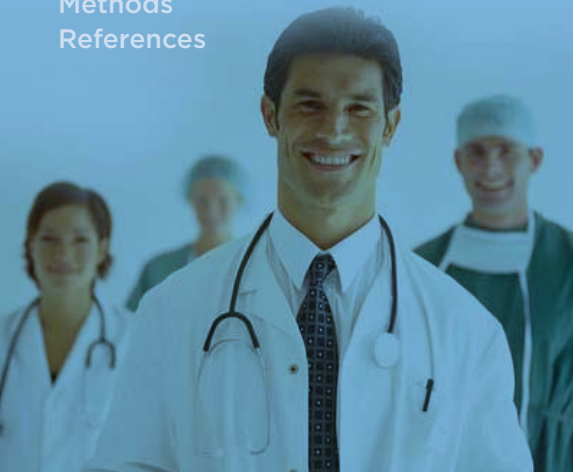
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## SECTION 1

## ABOUT THIS REPORT

*Measuring the Quality of Maryland Commercial Managed Care Plans: 2010 Health Plan Performance Report* allows Marylanders to compare health plans on key quality measures regarding health care delivery and member satisfaction. Quality ratings show a health plan's ability to deliver high-quality care to its members. Performance data are collected from health maintenance organizations (HMO), point of service (POS) plans, and preferred provider organizations (PPO). Go to **Features of HMOs, POS Plans, and PPOs** to learn about key differences between plan types.

This report highlights areas of health care where plans had average and above-average performance, and areas that need improvement. In addition to this year's quality ratings, the report includes important information about coordination of health care—health plans, doctors, and patients working together to improve the delivery of care. Improvements in coordination of care can help increase patient satisfaction, lead to better quality of care, and potentially lower costs.

### WHO SHOULD READ THIS REPORT?

- **Maryland employers** who want to consider quality when making decisions about health care purchasing so they can get the best value for their employees and companies.
  - See page 5 for performance ratings for each Maryland health plan on a range of clinical health care measures and member satisfaction measures.
  - See page 16 for comparisons of Maryland statewide averages with regional and national performance averages (*for HMO and POS plans only*).

- See page 21 to learn about coordination of care and its affect on health care delivery.
- **Maryland consumers** who want to choose a new health plan or examine their current plan's performance on the measures of care and service highlighted in this report.
  - See page 5 for performance ratings for each Maryland health plan on a range of clinical health care measures and member satisfaction measures.
  - See page 33 for information about the differences in HMO, POS, and PPO plans.
  - See page 31 for links to coordination of care resources and tools on the Internet.
- **Maryland consumers and employers** who want to learn about health plan and State activities to improve coordination of care.
  - See page 23 for information about how Maryland health plans work to coordinate care for members.
  - See page 29 for current initiatives by the State to promote coordination of care.

**State of Maryland employees** who want to compare overall health plan performance when choosing a plan.

- See page 36 for information on the difference between the EPO, PPO and POS options now available to State Employees.
- See page 37 for information on health plan choices and where to find your plan in the report.
- See page 23 for information about how Maryland health plans work to coordinate care for members.

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## SECTION 2

## MARYLAND COMMERCIAL HEALTH PLANS IN THIS REPORT

The performance data in this report provide a comprehensive view of the quality of care that health plans deliver to Maryland consumers. This year, seven HMO/POS plans and three PPO plans reported performance data (see Table 1).

*PPO participation in this year's report is **voluntary**.*

### DATA SOURCES

Information in this report is gathered by Maryland HMO and POS health plans, as required by the State. *PPOs that voluntarily submitted data are not required to submit results for all measures in the report.*

- **Health Plan Records:** Health plans submitted data from health care records using standardized measures called the

Healthcare Effectiveness Data and Information Set, or “HEDIS®.”<sup>a</sup> An independent company audits health plans’ methods for accuracy.

- **Member Survey:** An independent survey company surveyed a random sample of health plan members about their experiences with their health plan, using a survey called the Consumer Assessment of Healthcare Providers and Systems, or “CAHPS®.”<sup>b</sup>

*Health plan ratings include the combined data for HMO and POS plan members, except for Kaiser Permanente, whose ratings show HMO data only. PPO data are presented separately because these plans operate differently.*

**TABLE 1. HEALTH PLANS REPORTING IN 2010**

HMO/POS PLANS	PPO PLANS
<b>Aetna Health Inc. (Pennsylvania)— Maryland (Aetna)</b>	<b>Aetna Life Insurance Company (MD/DC) (Aetna PPO)</b>
<b>CareFirst BlueChoice, Inc. (BlueChoice)</b>	<b>BluePreferred PPO (BluePreferred)</b>
<b>CIGNA HealthCare Mid-Atlantic, Inc. (CIGNA)</b>	<b>Connecticut General Life Insurance Company (CGLIC)</b>
<b>Coventry Health Care of Delaware, Inc. (Coventry)</b>	
<b>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente)</b>	
<b>MD Individual Practice Association, Inc. (M.D. IPA)</b>	
<b>Optimum Choice, Inc. (OCI)</b>	

<sup>a</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>b</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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## SECTION 3

## HEALTH PLAN QUALITY SUMMARY

The measures in this report provide information about how well Maryland health plans deliver high-quality health care. Measures are grouped in four categories: Primary Care, Chronic Care, Behavioral Health Care, and Member Satisfaction. To learn more about the categories, go to [Performance Measure Categories](#).

Table 2 highlights above-average plan performance. It compares HMO/POS plans on the number of measures in the report that rank above the 2010 Maryland State average. *Results for PPOs are not shown because there is not enough information to calculate a state average.*

Go to [Methods](#) for a description of how the ratings were calculated.

**TABLE 2. NUMBER OF MEASURES WITH ABOVE-AVERAGE SCORES**

*HMOs reported 21 measures in this report.*

HEALTH PLAN	TOTAL	PERFORMANCE MEASURE CATEGORY			
		PRIMARY CARE	CHRONIC CARE	BEHAVIORAL HEALTH CARE	MEMBER SATISFACTION
Aetna	1	1			
BlueChoice	4	1	2	1	
CIGNA	13	6	5	1	1
Coventry	4	2		1	1
Kaiser Permanente	14	7	4	1	2
M.D. IPA	2	2			
OCI	1		1		

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## SECTION 4

## PERFORMANCE MEASURE CATEGORIES

Each of the following four performance categories provides an important perspective about what health plans should be doing to maintain and improve the health of their members. *Click on a category title to see health plan results for the measures in that section.*

### **PRIMARY CARE**

Regular health screenings and check-ups from your primary care provider (PCP) can lead to positive health outcomes. Primary care services can reduce your risk of illness and increase the likelihood of detecting diseases in the early stages, when recovery rates are higher. Measures reported in this section highlight plans' provision of prevention services.

### **CHRONIC CARE**

“Chronic care” refers to health care services that treat people who have a long-lasting or recurring disease. People with chronic conditions, such as diabetes and heart disease, often take multiple medications and require care from multiple health care providers. It is important to discuss the disease and your treatment options with your provider. Measures reported in this section highlight plans' provision of services to treat chronic illnesses.

### **BEHAVIORAL HEALTH**

Behavioral health care treats conditions such as depression, alcohol and drug dependency, and other behavioral disorders. Services for the measures reported in this section were provided by health plans or by managed behavioral healthcare organizations (MBHO). MBHOs contract with health plans or employers to provide services to plan members, although health plans maintain legal responsibility for the quality of care they provide. Go to **MBHOs** for information on the MBHOs that contract with the health plans in this report.

### **MEMBER SATISFACTION**

Measures reported in this section reflect member responses to survey questions about their experiences with health care services provided by their health plan.



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**PERFORMANCE**  
 ABOVE AVERAGE ★ ★ ★  
 AVERAGE ★ ★  
 BELOW AVERAGE ★

Data Source:  
 Health Plan Records or  
 Member Survey

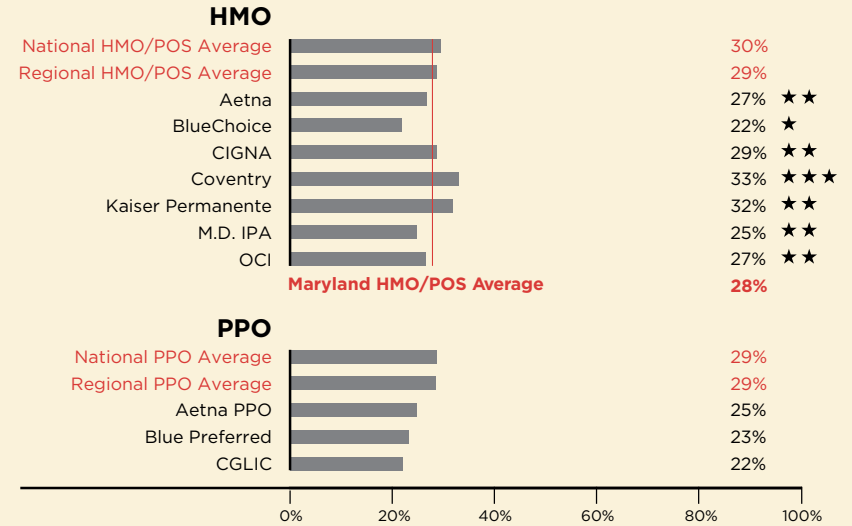
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HEALTH PLAN PERFORMANCE

GRAPH 1  
 PRIMARY CARE MEASURES

**HEALTH PROMOTION AND EDUCATION**

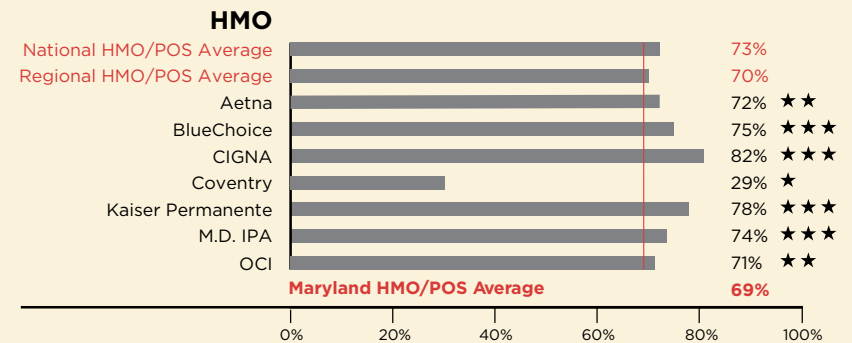
The percentage of adult members who said their doctor “always” talks about specific ways to prevent illness.



GRAPH 2  
 PRIMARY CARE MEASURES

**CHILD IMMUNIZATION STATUS—COMBO 3**

The percentage of children 2 years of age who received recommended vaccines for diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); H influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); hepatitis A (HepA); rotavirus (RV); and influenza (flu) by their second birthday.



Stars show “statistically significant” differences between each plan’s score and the Maryland average. More stars mean better plan performance.

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**PERFORMANCE**  
**ABOVE AVERAGE** ★ ★ ★  
**AVERAGE** ★ ★  
**BELOW AVERAGE** ★

*Data Source:  
 Health Plan Records*

SECTION 5

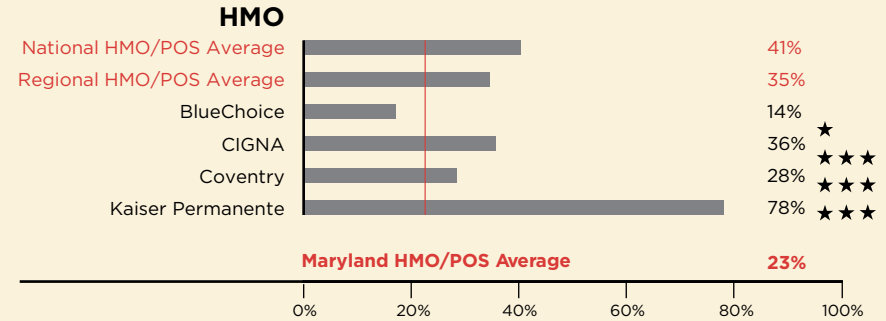
HEALTH PLAN PERFORMANCE

**GRAPH 3**  
 PRIMARY CARE MEASURES

**ADULT BMI ASSESSMENT**

The percentage of adult members 18–74 years of age who had their body mass index (BMI) documented at an outpatient visit in 2008 or 2009.

**NOTE:** Aetna, M.D. I.P.A., and OCI are not represented in this measure because they reported the rate using the Administrative Method which does not capture as much data as the Medical Record Review method. MHCC will not display rates for plans that used the Administrative Method; at this time it is not appropriate to compare performance of plans that used different rate calculation methods. Please refer to page 39 for more information on the Administrative and Hybrid methods of rate calculation.

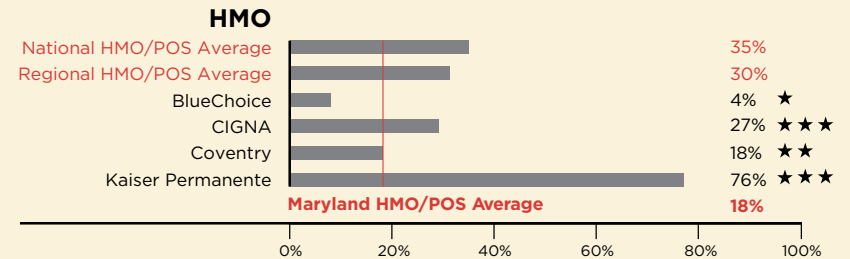


**GRAPH 4**  
 PRIMARY CARE MEASURES

**WEIGHT ASSESSMENT FOR CHILDREN**

The percentage of members 2–17 years of age who had their body mass index (BMI) documented at an outpatient visit with a PCP or OB/GYN in 2009.

**NOTE:** Aetna, M.D. I.P.A., and OCI are not represented in this measure because they reported the rate using the Administrative Method which does not capture as much data as the Medical Record Review method. MHCC will not display rates for plans that used the Administrative Method; at this time it is not appropriate to compare performance of plans that used different rate calculation methods. Please refer to page 39 for more information on the Administrative and Hybrid methods of rate calculation.



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ABOVE AVERAGE ★ ★ ★

AVERAGE ★ ★

BELOW AVERAGE ★

*Data Source:  
Health Plan Records*

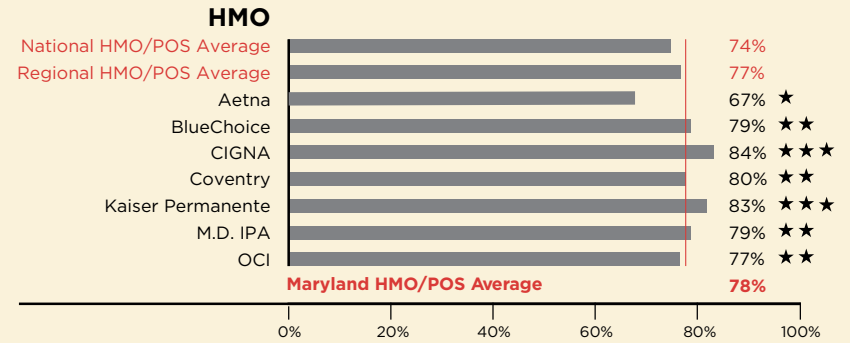
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GRAPH 5  
PRIMARY CARE MEASURES

**WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE**

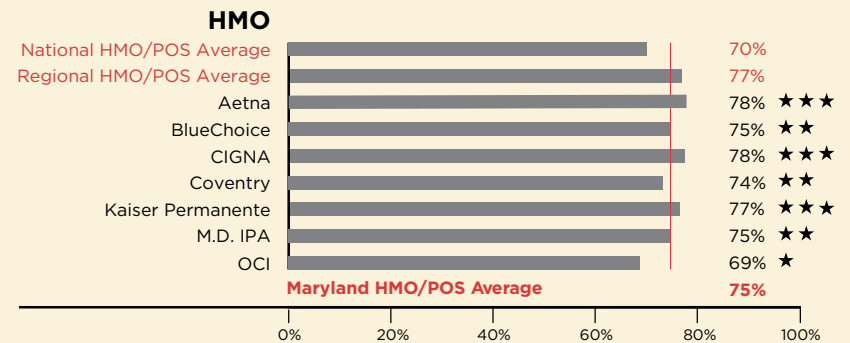
The percentage of members who turned 15 months old during 2009 and had *six or more* well-child visits with a PCP during their first 15 months of life.



GRAPH 6  
PRIMARY CARE MEASURES

**WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE**

The percentage of members 3-6 years of age who received *one or more* well-child visits with a PCP in 2009.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**PERFORMANCE**

**ABOVE AVERAGE** ★ ★ ★

**AVERAGE** ★ ★

**BELOW AVERAGE** ★

*Data Source:  
Health Plan Records*

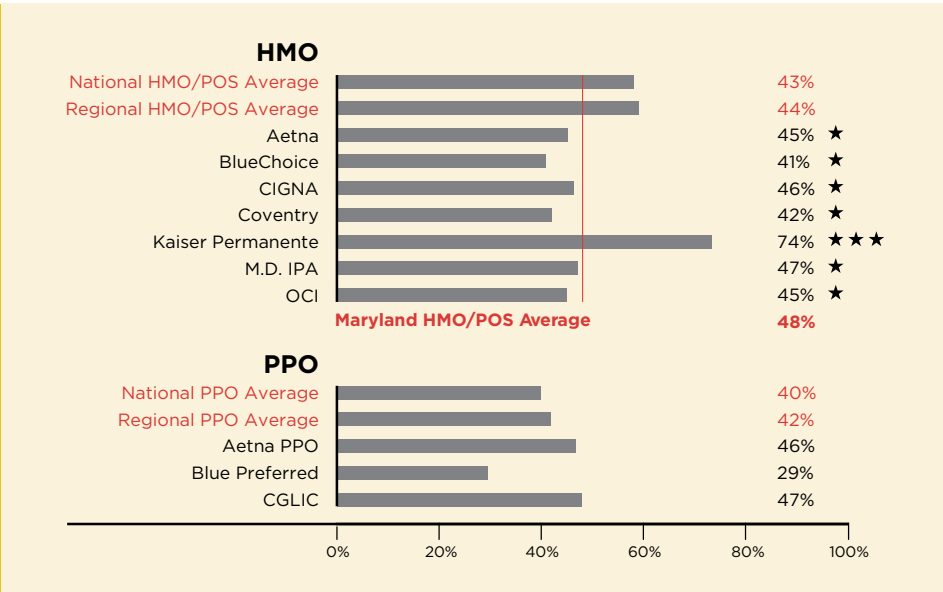
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**GRAPH 7**  
PRIMARY CARE MEASURES

**CHLAMYDIA SCREENING IN WOMEN**

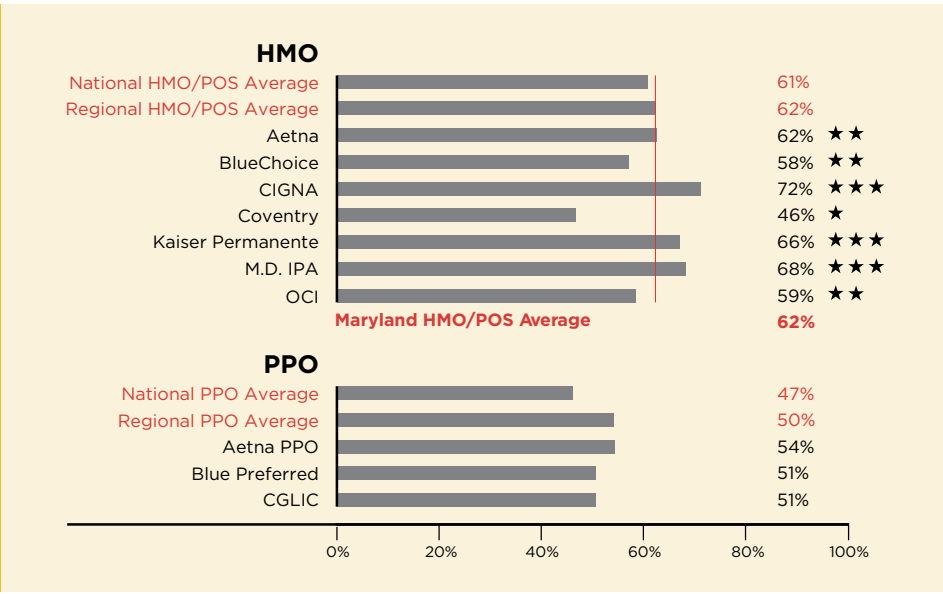
The percentage of female members 15–24 years of age who were identified as sexually active and had at least one test for chlamydia during 2009.



**GRAPH 8**  
PRIMARY CARE MEASURES

**COLORECTAL CANCER SCREENING**

The percentage of adult members 50–75 years of age who received appropriate screening for colorectal cancer.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**AVERAGE** ★ ★

**BELOW AVERAGE** ★

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Health Plan Records*

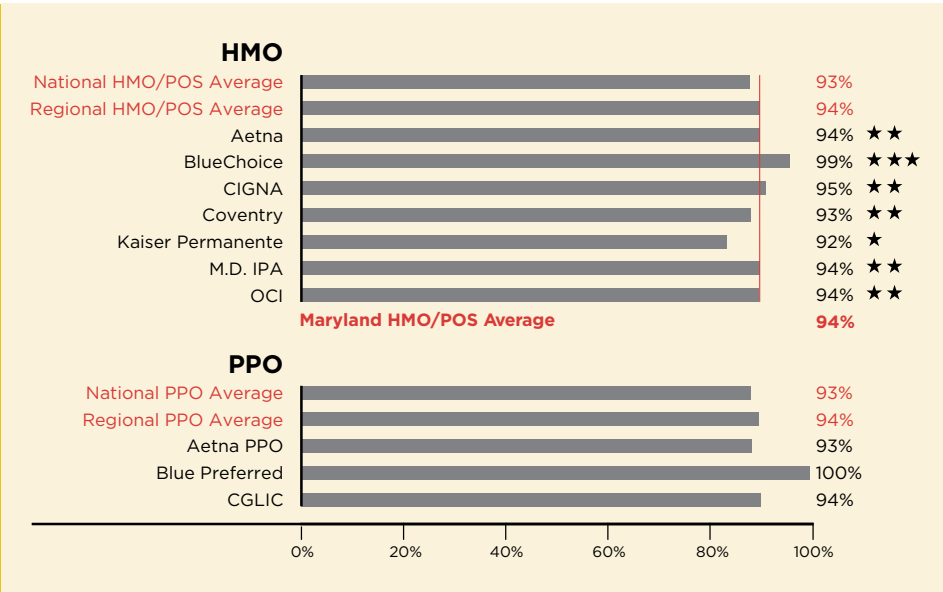
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**GRAPH 1**  
CHRONIC CARE MEASURES

**USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA**

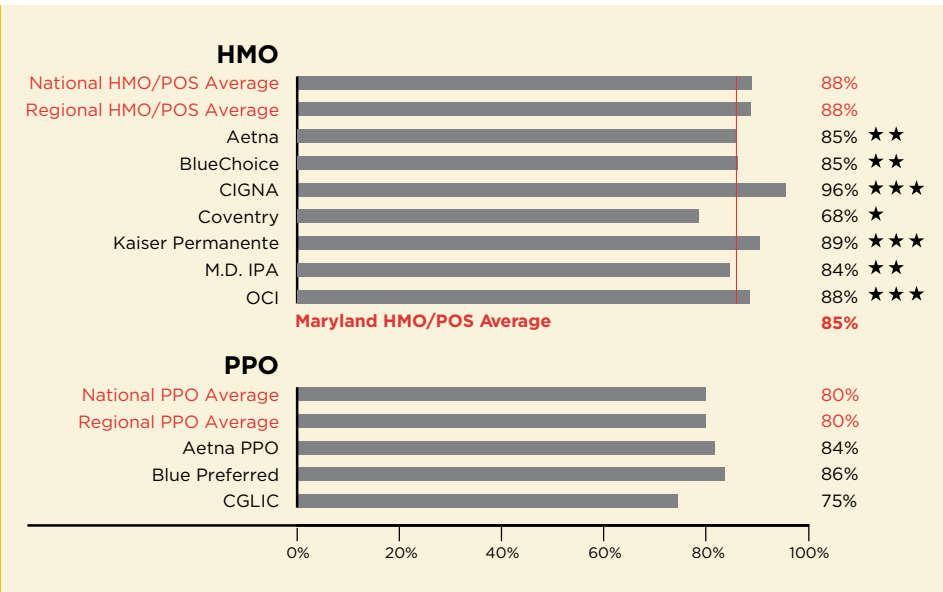
The percentage of members 5–50 years of age with persistent asthma who were appropriately prescribed medication during 2009.



**GRAPH 2**  
CHRONIC CARE MEASURES

**CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS-LDL SCREENING**

The percentage of adult members 18–75 years of age who were discharged from a hospitalization that was due to a cardiovascular condition, or who were diagnosed with a cardiovascular condition in 2008 and had a cholesterol level test in 2009.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**ABOVE AVERAGE** ★ ★ ★  
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**BELOW AVERAGE** ★

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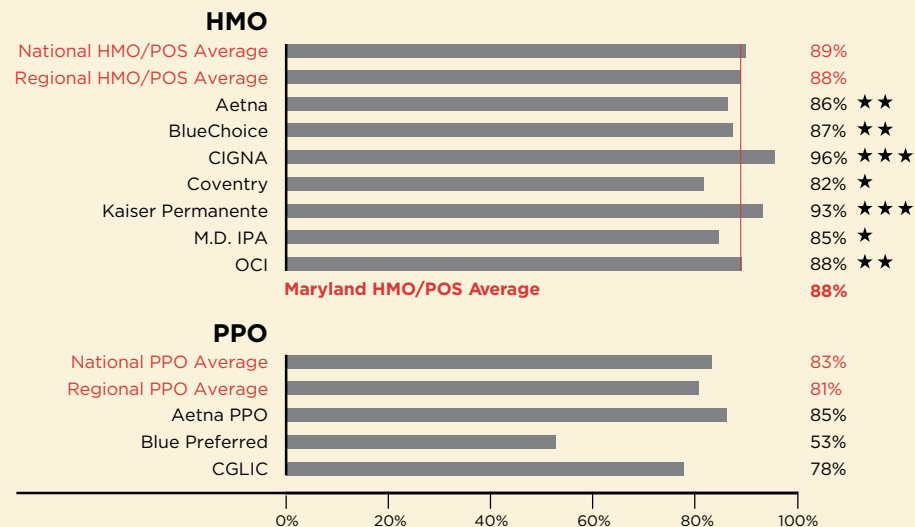
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## HEALTH PLAN PERFORMANCE

**GRAPH 3**  
 CHRONIC CARE MEASURES

**DIABETES CARE: BLOOD  
 GLUCOSE TESTING**

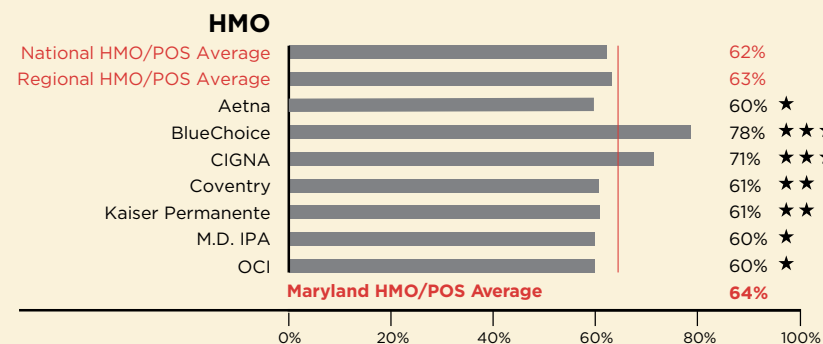
The percentage of adult members 18-75 years of age with diabetes whose blood sugar (HbA1c) level was tested during 2009.



**GRAPH 4**  
 CHRONIC CARE MEASURES

**DIABETES CARE: BLOOD  
 GLUCOSE GOOD CONTROL**

The percentage of adult members 18-75 years of age with diabetes whose blood sugar (HbA1c) level was in good control (less than 8%) in 2009.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**AVERAGE** ★ ★

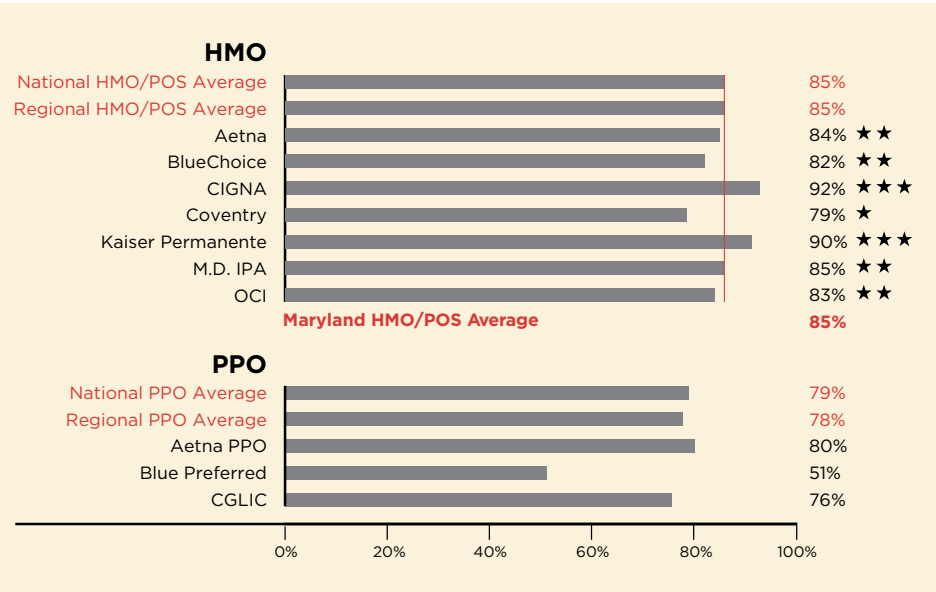
**BELOW AVERAGE** ★

*Data Source:  
Health Plan Records*

**GRAPH 5**  
CHRONIC CARE MEASURES

**DIABETES CARE:  
CHOLESTEROL SCREENING**

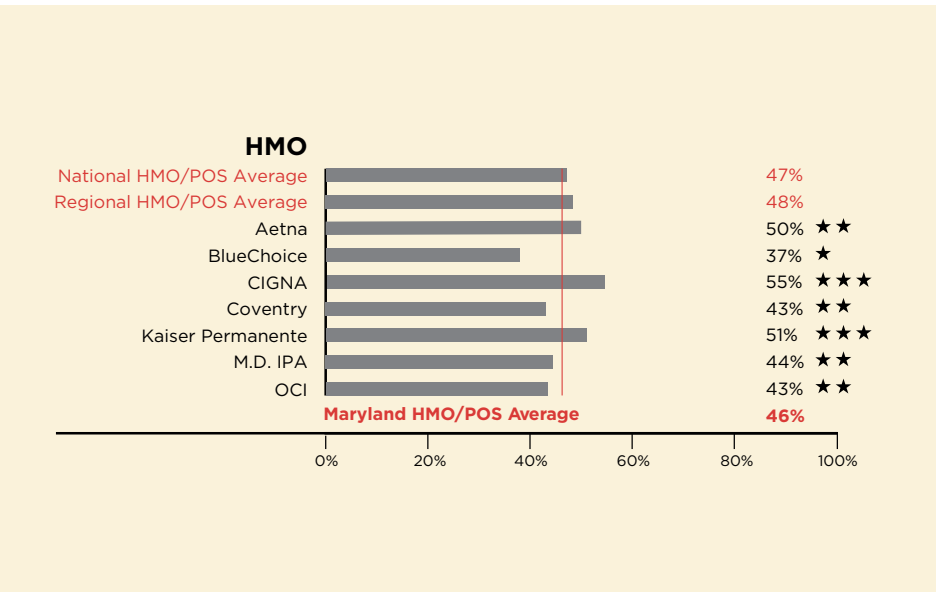
The percentage of adult members 18-75 years of age with diabetes who received a cholesterol (LDL-C) screening in 2009.



**GRAPH 6**  
CHRONIC CARE MEASURES

**DIABETES CARE:  
CHOLESTEROL CONTROL**

The percentage of adult members with diabetes whose cholesterol (LDL-C) level was in control (less than 100 mg/dL) in 2009.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**PERFORMANCE**

**ABOVE AVERAGE** ★ ★ ★

**AVERAGE** ★ ★

**BELOW AVERAGE** ★

*Data Source:  
Health Plan Records*

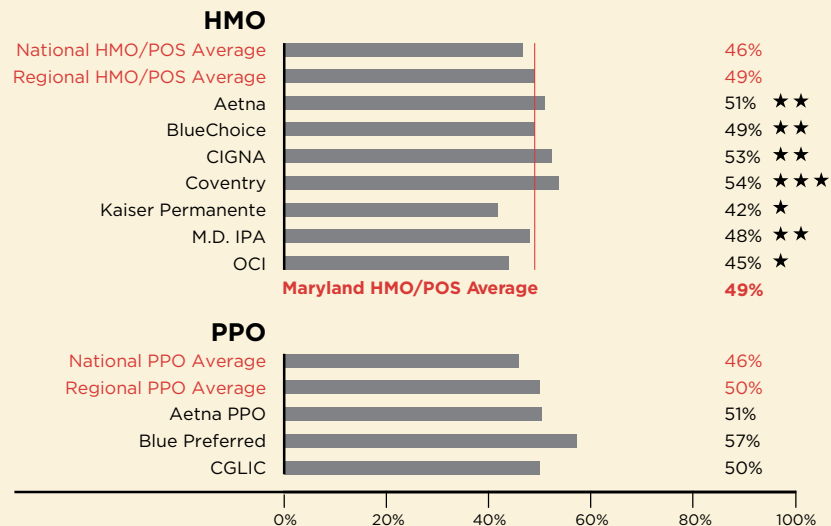
SECTION 5

HEALTH PLAN PERFORMANCE

GRAPH 1  
BEHAVIORAL HEALTH MEASURES

**ANTIDEPRESSANT  
MEDICATION MANAGEMENT:  
CONTINUATION PHASE  
TREATMENT**

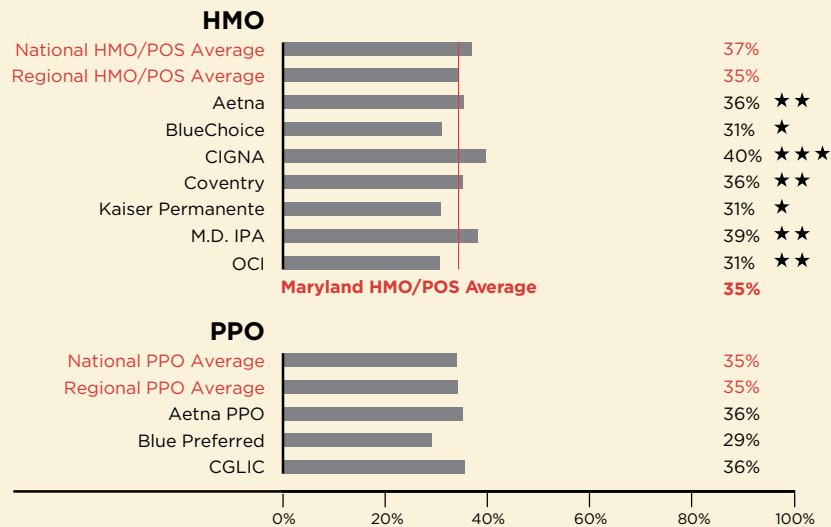
The percentage of adult members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for at least 180 days.



GRAPH 2  
BEHAVIORAL HEALTH MEASURES

**FOLLOW-UP CARE FOR  
CHILDREN PRESCRIBED  
ATTENTION-DEFICIT HYPER-  
ACTIVITY DISORDER (ADHD)  
MEDICATION**

The percentage of children 6-12 years of age who were given a prescription for ADHD medication and had one visit with a practitioner within 30 days of being given the prescription.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.



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**PERFORMANCE**  
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*Data Source:  
 Health Plan Records*

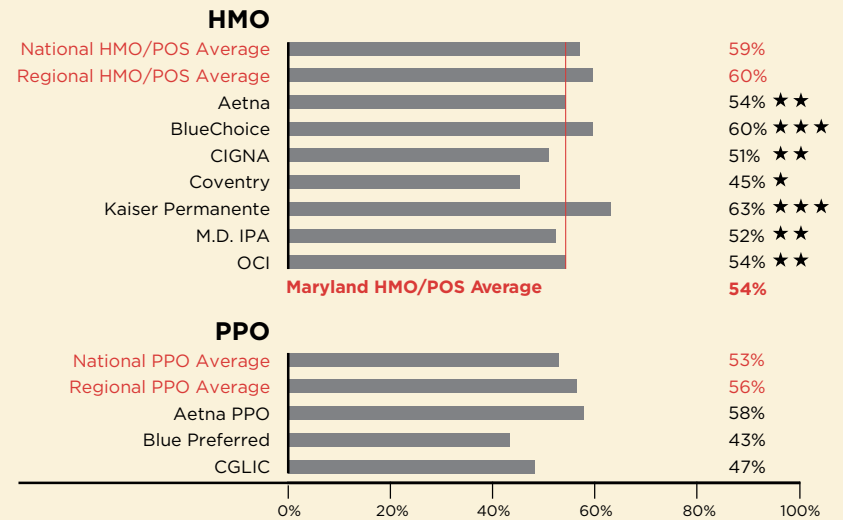
SECTION 5

HEALTH PLAN PERFORMANCE

**GRAPH 3**  
 BEHAVIORAL HEALTH MEASURES

**7 DAY FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS**

The percentage of members 6 years of age and older who were hospitalized for a mental health disorder and were seen by a mental health practitioner within 7 days of leaving the hospital.



Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

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**PERFORMANCE**

**ABOVE AVERAGE** ★ ★ ★

**AVERAGE** ★ ★

**BELOW AVERAGE** ★

*Data Source:  
Member Survey*

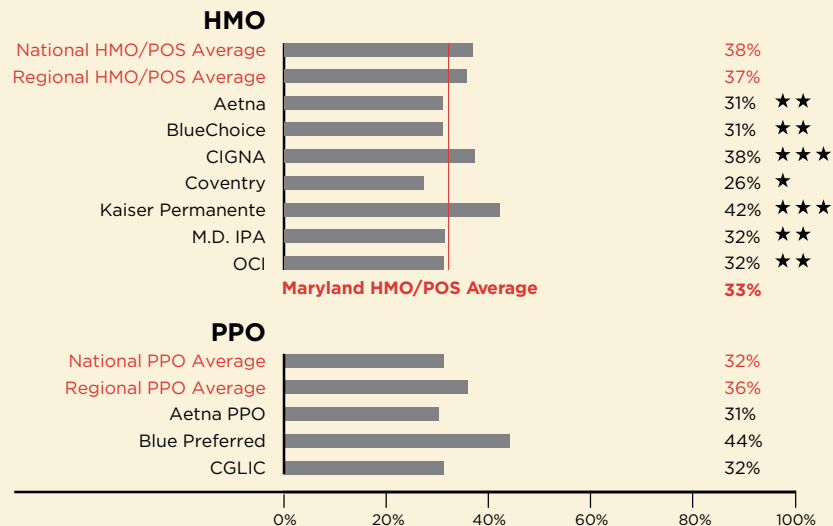
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HEALTH PLAN PERFORMANCE

**GRAPH 1**  
MEMBER SATISFACTION MEASURES

**RATING OF HEALTH PLAN**

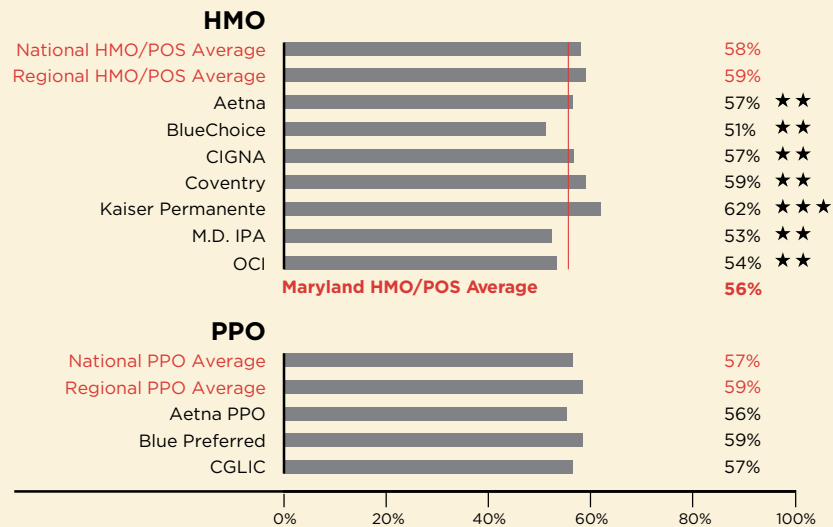
The percentage of adult members who rated their health plan “9 or 10” on a scale of 0–10, with 10 being the “best health plan possible.”



**GRAPH 2**  
MEMBER SATISFACTION MEASURES

**GETTING CARE QUICKLY**

The percentage of adult members who said they “always” get needed care when they want it and get timely appointments for care at a doctor’s office.



Stars show “statistically significant” differences between each plan’s score and the Maryland average. More stars mean better plan performance.

## SECTION 5

## HEALTH PLAN PERFORMANCE

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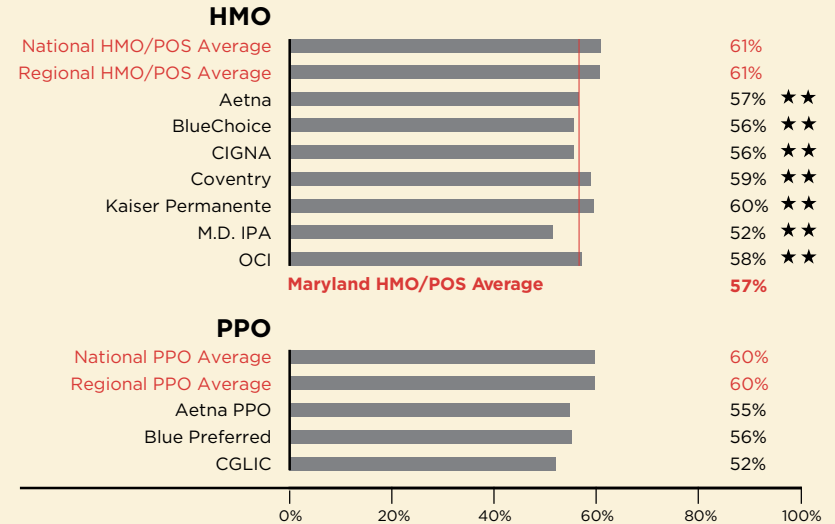
**PERFORMANCE**  
**ABOVE AVERAGE** ★ ★ ★  
**AVERAGE** ★ ★  
**BELOW AVERAGE** ★

Data Source:  
 Member Survey

**GRAPH 3**  
**MEMBER SATISFACTION MEASURES**

### SHARED DECISION MAKING

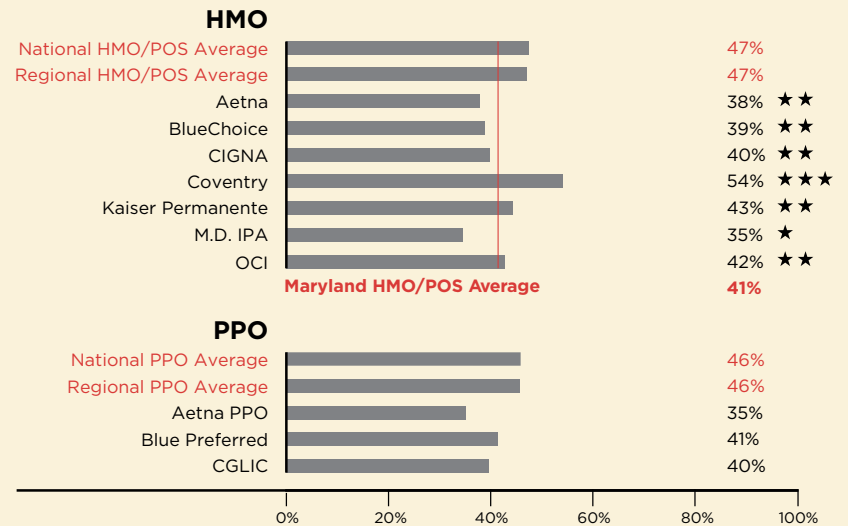
The percentage of adult members who said “definitely yes” when asked if their doctor discusses the pros and cons of treatments and involves them in making the best treatment choice.



**GRAPH 4**  
**MEMBER SATISFACTION MEASURES**

### COORDINATION OF CARE

The percentage of adult members who said their personal doctor is “always” informed and up-to-date on the care they receive from other doctors and health providers.



Stars show “statistically significant” differences between each plan’s score and the Maryland average. More stars mean better plan performance.

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**PERFORMANCE**  
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 AVERAGE ★ ★  
 BELOW AVERAGE ★

*Data Source:  
 Health Plan Records or  
 Member Survey*

## SECTION 6

COMPARISON OF MARYLAND, REGIONAL,  
AND NATIONAL AVERAGES

For the measures in this report, Table 3 shows the average results for the Maryland HMOs/POS plans, compared with the regional and national averages.

The National Committee for Quality Assurance (NCQA) is the source for the regional and national data.

**TABLE 3: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL *HMO* AVERAGES**

MEASURE	MARYLAND	REGION	MARYLAND PERFORMANCE COMPARED TO REGION	NATION	MARYLAND PERFORMANCE COMPARED TO NATION
<b>PRIMARY CARE</b>					
Adult BMI Assessment	23%	35%	★	41%	★
Childhood Immunization Status—Combo 3	69%	70%	★★	73%	★
Chlamydia Screening in Women	48%	44%	★★★	43%	★★★
Colorectal Cancer Screening	62%	62%	★★	61%	★★
Health Promotion and Education	28%	29%	★★	30%	★
Weight Assessment for Children—BMI	18%	30%	★	35%	★
Well-Child Visits in the First 15 Months of Life	78%	77%	★★	74%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75%	77%	★	70%	★★★

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**PERFORMANCE**  
 ABOVE AVERAGE ★★ ★  
 AVERAGE ★ ★  
 BELOW AVERAGE ★

*Data Source:  
 Health Plan Records or  
 Member Survey*

## SECTION 6

COMPARISON OF MARYLAND, REGIONAL,  
AND NATIONAL AVERAGESTABLE 3: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL **HMO** AVERAGES

MEASURE	MARYLAND	REGION	MARYLAND PERFORMANCE COMPARED TO REGION	NATION	MARYLAND PERFORMANCE COMPARED TO NATION
<b>CHRONIC CARE</b>					
<b>Cholesterol Management for Patients With Cardiovascular Conditions—LDL Screening</b>	85%	88%	★	88%	★
<b>Diabetes Care: Blood Glucose Testing</b>	88%	88%	★★	89%	★★
<b>Diabetes Care: Blood Glucose Good Control</b>	64%	63%	★★	62%	★★★
<b>Diabetes Care: Cholesterol Screening</b>	85%	85%	★★	85%	★★
<b>Diabetes Care: Cholesterol Control</b>	46%	48%	★★	47%	★★
<b>Use of Appropriate Medications for People With Asthma</b>	94%	94%	★★	93%	★★★

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**PERFORMANCE**  
 ABOVE AVERAGE ★★ ★  
 AVERAGE ★ ★  
 BELOW AVERAGE ★

*Data Source:  
 Health Plan Records or  
 Member Survey*

## SECTION 6

COMPARISON OF MARYLAND, REGIONAL,  
AND NATIONAL AVERAGESTABLE 3: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL *HMO* AVERAGES

MEASURE	MARYLAND	REGION	MARYLAND PERFORMANCE COMPARED TO REGION	NATION	MARYLAND PERFORMANCE COMPARED TO NATION
<b>BEHAVIORAL HEALTH CARE</b>					
<b>Antidepressant Medication Management: Continuation Phase Treatment</b>	49%	49%	★★	46%	★★★
<b>Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation</b>	35%	35%	★★	37%	★★
<b>7-Day Follow-Up After Hospitalization for Mental Illness</b>	54%	60%	★	59%	★
<b>MEMBER SATISFACTION</b>					
<b>Coordination of Care</b>	41%	47%	★	47%	★
<b>Getting Care Quickly</b>	56%	59%	★	58%	★
<b>Rating of Health Plan</b>	33%	37%	★	38%	★
<b>Shared Decision Making</b>	57%	61%	★	61%	★



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*Data Source:*  
*Health Plan Records or*  
*Member Survey*

## SECTION 6

COMPARISON OF MARYLAND, REGIONAL,  
AND NATIONAL AVERAGESTABLE 4: COMPARISON OF REGIONAL AND NATIONAL *PPO* AVERAGES

MEASURE	REGION	NATION
<b>PRIMARY CARE</b>		
Chlamydia Screening in Women	42%	40%
Colorectal Cancer Screening	50%	47%
Health Promotion and Education	29%	29%
<b>CHRONIC CARE</b>		
Cholesterol Management for Patients With Cardiovascular Conditions—LDL Screening	80%	80%
Diabetes Care: Blood Glucose Testing	81%	83%
Diabetes Care: Cholesterol Screening	78%	79%
Use of Appropriate Medications for People With Asthma	94%	93%
<b>BEHAVIORAL HEALTH CARE</b>		
Antidepressant Medication Management: Continuation Phase Treatment	50%	46%
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication—Initiation	35%	35%
7-Day Follow-Up After Hospitalization for Mental Illness	56%	53%
<b>MEMBER SATISFACTION</b>		
Coordination of Care	46%	46%
Getting Care Quickly	59%	57%
Rating of Health Plan	36%	32%
Shared Decision Making	60%	60%

Table 4 shows only regional and national averages for PPOs; state averages for PPOs were not calculated because there was insufficient information.

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## SECTION 7

MANAGED BEHAVIORAL  
HEALTHCARE ORGANIZATIONS

MBHOs specialize in managing behavioral health care for members by providing a network of psychiatrists and other case management specialists. They contract with health plans or employers to provide services to plan

members, although the plans maintain legal responsibility for the quality of care provided. Table 5 shows the number of behavioral health care providers per 1,000 members in each plan.

TABLE 5: TOTAL NUMBER OF BEHAVIORAL HEALTHCARE PROVIDERS

HEALTH PLAN	MBHO	MBHO ACCREDITATION* Accrediting Body: Status (Exp. Date)	Number of Behavioral Health Providers in MBHO and Plan Network (per 1,000 Members)**				
			Psychiatrists (MDs)	Psychologists (PhDs)	Social Workers	Licensed Therapists & Counselors	Total Providers
<b>Aetna Health Inc.</b>	Aetna Behavioral Health	NCQA: Full (exp. 1/11) URAC: Full (exp. 1/12)	3.23	2.83	7.84	3.20	17.56
<b>CareFirst BlueChoice</b>	Magellan Tristate Care Management Center	NCQA: Full (exp. 12/11) URAC: Full (exp. 6/10 & 9/10)	0.89	0.85	2.47	1.15	5.56
<b>CIGNA Health Care of Mid-Atlantic, Inc.</b>	CIGNA Behavioral Health, Inc.	NCQA: Full (exp. 12/11)	7.37	3.79	8.93	3.00	23.96
<b>Coventry Health Care of Delaware</b>	MHNet	NCQA: Full (exp. 9/12) URAC: Full (exp. 1/12)	4.19	3.27	10.56	3.96	22.71
<b>Kaiser Permanente***</b>	Internal Network	NCQA: Excellent (exp. 6/10)	1.58	1.80	4.64	0.63	8.99
	APS Healthcare	URAC: Full (exp. 3/11, 7/11, & 11/10)					
	Sheppard Pratt Health System	JCAHO: Accredited (exp. 1/12)					
<b>M.D. IPA</b>	United Behavioral Health	NCQA: Full (exp. 6/10) URAC: Full (exp. 2/11)	4.99	4.68	10.75	3.16	24.62
<b>OCI</b>	United Behavioral Health	NCQA: Full (exp. 6/10) URAC: Full (exp. 2/11)	7.85	7.36	16.90	4.97	38.70

\*MBHO accreditation is voluntary. Status is current as of June 2010.

\*\*Number of providers is based on the service area of the health plan. The MBHO network may have more practitioners than reported in this table. These results do not include data for people receiving behavioral health care services through a separate contract between their employer and an MBHO or through a private arrangement.

\*\*\*Although members have access to the same network of providers, services will be administered by either Kaiser Permanente directly or by APS, depending on the location of members' personal physician.

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## SECTION 8

GOOD QUALITY INCLUDES  
COORDINATION OF CARE

Coordination of care helps ensure that a patient's needs and preferences for care are understood, and that those needs and preferences are shared among providers, and family members as the patient moves from one health care setting to another. When care is coordinated effectively, health care needs are organized across doctors (e.g., PCP and specialists), across providers (e.g., labs and testing facilities), and across care settings (e.g., physician offices, emergency rooms, hospitals, and nursing homes). Everyone involved in the patient's care shares information necessary to keep the patient healthy and ensure that appropriate services are received when they are needed. Poor communication can lead to repeat services, harmful care, and unfavorable health outcomes.

Coordination of care interventions represent a wide range of approaches at the service delivery and systems level.

In a recent report, the Institute of Medicine listed coordination of care as a top priority for change in the American health care system. The report noted that about 60 million Americans live with more than one chronic condition (such as diabetes and hypertension), and concluded that to treat multiple chronic conditions effectively, clinicians and institutions must communicate and collaborate.

Coordination of care is considered an important benefit of payment reform strategies, such as value-based purchasing, and emerging care models, such as patient-centered medical homes. In addition, better coordination of care is facilitated by immediate access to data at the point of care through electronic health records, and by health information exchanges that provide secure networks for improved management of health information and communication among practitioners.

**ELECTRONIC HEALTH RECORDS**

Health plans and providers are investing in electronic health records (EHR) to improve health care delivery. The comprehensive use of EHRs can reduce rates of adverse health outcomes. An EHR gives clinicians greater access to more comprehensive patient information, helps them make better clinical decisions (and avoid preventable errors), and facilitates doctor and patient agreement about treatment goals. But there are challenges. Because of the higher cost of EHRs, smaller physician groups have been slower to use them; and lack of EHR standardization limits EHR usefulness for coordinating among different medical offices and health care settings.

Recent federal legislation seeks to overcome barriers to EHR use and promote their potential. The Health Information Technology for Economic and Clinical Health Act (HITECH) authorizes incentive payments through Medicare and Medicaid to clinicians and hospitals that use EHRs to achieve specified improvements in care delivery. Currently, Maryland is working to expand the adoption of EHRs through incentives for providers who use certified EHRs that can connect to a health information exchange (HIE). See Section 10, [State Initiatives That Support Coordination of Care](#) for details.

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## SECTION 8

GOOD QUALITY INCLUDES  
COORDINATION OF CARE**WHAT EMPLOYERS SHOULD KNOW ABOUT  
COORDINATION OF CARE**

Coordination of care is known by many terms: “collaboration,” “teamwork,” “continuity of care,” “disease management,” “case management,” “care management.” Regardless of the term used, many employers simply want to know if coordination of care actually works, and if so, how it affects health care costs. Recent research has drawn these early conclusions about care coordination programs.

- The best programs achieve gains in the quality of care.
- Coordinating medical care does not save a lot of money, but savings are more likely if programs target people at high risk of hospitalization.
- Successful programs have these qualities:
  - Face-to-face contact with patients
  - Rapport with physicians
  - Patient education

- Timely and comprehensive management of care setting transitions
- Care coordinators play an active role as communication liaisons
- Medication management
- Psychosocial support
- Evidence supports more than one model of coordination of care.

While current models of care coordination may not yet achieve the desired cost savings and improvements in patient outcomes, attention is focused on the future. Health care experts and employer groups agree that evolving care coordination interventions have the potential to improve efficiency and quality.

For information about employers’ role in coordination of care and how accreditation can help, read [\*Coordinating Care: Employers, Consumers, and Communication.\*](#)

**VALUE-BASED PURCHASING**

Value-based purchasing (VBP) is rooted in a sound concept: better quality and lower cost can be achieved by rewarding providers (and health plans) for providing high-quality, cost-effective care. Throughout the country, employers are assessing provider cost and quality to help them decide which health care services to buy. Increasingly, payment is tied to the quality and efficiency of care, and providers are rewarded for their performance across dimensions of quality. The expectation is that incentives will achieve desired changes in the health care system, including:

- Reduced fragmentation and improved coordination of care
- Greater practice of evidence-based medicine
- More effective care management
- Accelerated adoption of health information technology (HIT)
- Improved value through dissemination of information

VBP shows promise, but there is no definitive evidence except with pharmacy, about how well it works or which approaches produce the best results. At the same time, both public and private purchasers are implementing VBP and view it as complementary to an array of strategies for containing cost and improving quality.

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## SECTION 9

## MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

**AETNA COORDINATION OF CARE**

Aetna works with members and physicians to help manage care with a wide range of programs, services and tools. Here are some examples.

- Aetna identifies members with diabetes and alerts their PCP. It sends reminders to members about the importance of having an annual diabetes eye exam and provides educational information to members about potential barriers. Aetna also gives these members an Eye Examination Report Form so their eye care specialist can communicate exam results to their PCP. Aetna conducts similar outreach for members with other chronic conditions, including rheumatoid arthritis, depression, and COPD.
- Aetna identifies members who are due for an annual check-up and sends them a reminder that includes information on how to prepare for a doctor visit and materials to help facilitate discussion with their physician, such as a medication checklist.

- Aetna's Personal Health Record (PHR) is a secure, private, online resource that makes it easy for members to view and manage their health information. The PHR includes a health summary that keeps all health information in one place, where it can be printed or shared online with a doctor. Members can also keep track of important health data such as blood pressure, weight and blood sugar over time, in clear, easy-to-understand graphs and charts. Based on a member's health profile, the PHR may send health-related alerts and reminders to help address health needs in a timely manner.

Members can register with Aetna Navigator to access personalized information online.

*The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.*



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## SECTION 9

## MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

**CAREFIRST COORDINATION OF CARE**

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. ([CareFirst](#)) use a vast array of programs to seamlessly coordinate member care. Here are some examples.

- To help pregnant members deliver healthy babies, CareFirst offers Great Beginnings, a program staffed by registered nurses who answer questions and help coordinate care from conception through the postpartum period.
- Through the case management program, registered nurses help members with complex health needs navigate the health care system, coordinating member care to achieve optimal health related outcomes.
- To help members manage chronic conditions, CareFirst offers programs that focus on asthma, diabetes, COPD, coronary artery disease, and congestive heart failure.
- Through Magellan Behavioral Health, CareFirst conducts expanded care management outreach, support, and coordination of services for high-risk cases with family, providers, PCPs, and community-based agencies and resources.

- Through its health management program, CareFirst engages members and physicians by making reminder calls to members and sending faxes to PCPs when members are due for childhood and adolescent immunizations, breast cancer screenings, diabetic retinal exams, prenatal and postpartum care, and perinatal depression screening.
- For members who might benefit from further evaluation and care, CareFirst notifies physicians about patients who have multiple prescriptions.
- Members can access [My Care First](#) for multimedia health and wellness tools such as health demos, tutorials, calculators, quizzes, podcasts, and videos. Here members can also access their personal health record and use.
  - [The Harvard Decision Guide](#) which offers interactive support in exploring potential diagnoses based on specific symptoms.
  - The [Prescription Drug tool](#) provides up-to-date drug information.

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## SECTION 9

### MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

#### CIGNA COORDINATION OF CARE

CIGNA uses a wide range of programs to seamlessly coordinate member care across health systems. Here are some examples.

- Every month, CIGNA's Well Informed Program identifies members with a potential gap in care. CIGNA sends a mailing to practitioners, advising them of the gap, so they can reach out to their patients and discuss possible modifications to their treatment plans. Simple, easy-to-understand profiles are sent to members to improve adherence to existing treatment plans. This information is shared with medical management program staff, including chronic condition case managers, pharmacy, and behavioral health, and with health advisors.

- CIGNA Well Aware for Better Health<sup>®</sup> chronic condition management programs promote patient compliance with a doctor's plan of care, identify risks, improve self-care, and promote healthy lifestyle choices. Eight programs help people manage more than 30 conditions including oncology, asthma, diabetes, low back pain, coronary artery disease, stroke prevention, acid reflux, hypertension, depression, and weight complications.

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### MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

#### COVENTRY COORDINATION OF CARE

Coventry collaborates with providers and caregivers to ensure members' care coordination. Here are some examples.

- Members who need case management or disease management are identified when they enroll with Coventry, and through a “transition of care” process, are ensured continuity of care.
- Hospitalized members are reviewed daily by a cross-departmental team. This facilitates a smooth discharge plan and identifies members who require outpatient follow-up for medical needs and coordination of care through the case management program.
- Complex case managers meet weekly with mental health and substance abuse providers to review members with these issues. Coventry contacts members on an inpatient and outpatient basis to educate them about their options for mental health or substance abuse services and to facilitate expedited treatment.

- All pregnant members receive an educational packet that includes contact information for the Coventry obstetrics case manager. Obstetrics providers conduct prenatal risk assessments to identify members with high-risk pregnancies; these members are contacted for enrollment into the case management program and receive help coordinating their care with a specialist, if necessary.
- A case manager guides members who need a transplant through the entire transplant process. Members are followed by case management from their initial evaluation up to one year post-transplant, to ensure coordination of care with providers and compliance with their treatment plan.

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## SECTION 9

# MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

### KAISER PERMANENTE COORDINATION OF CARE

Kaiser Permanente's approach to care coordination helps ensure continuity of care for members. Here are some examples.

- Programs are created for specific chronic conditions and are designed to consider the whole person, regardless of the type or number of chronic conditions or preventive care and healthy living needs.
  - To help members receive the care they need, where and when they want it, practitioners use multiple methods of communication, including phone appointments and secure e-mail messages, in addition to the traditional office visit.
  - Members can use My Health Manager to communicate with their doctors, view lab results, schedule appointments, receive reminders, and request prescription refills.
  - The Cardiovascular Risk Reduction Initiative promotes interventions for appropriate medication administration and meeting clinical targets for blood pressure, A1c screening and control, and LDL screening and control. This program supports primary and secondary prevention of chronic and acute conditions.

- CarePOINT is a panel management tool used by physicians and staff to identify and track members' care needs and gaps in care. A summary of this information is incorporated into the patient's medical record and is used during every primary and specialty care office visit to inform members' care.
- Care recommendations are incorporated into electronic medical record decision-support tools to remind practitioners about needed care or treatment goals.
- Within 24 hours after skilled nursing facility or hospital discharge, case managers place follow-up phone calls to members at highest risk of rehospitalization, regardless of chronic condition or inclusion in the care management program. This ensures that follow-up appointments are scheduled, discharge instructions are clear, assistive devices have arrived, and medication reconciliation is completed.

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## SECTION 9

## MARYLAND HEALTH PLANS FACILITATE COORDINATION OF CARE

## UNITEDHEALTHCARE COORDINATION OF CARE

UnitedHealthcare (UHC)/MD—Individual Practice Association (MDIPA) and Optimum Choice, Inc. (OCI) use a vast array of programs to seamlessly coordinate member care across physicians. Here are a few examples.

- *Coordination of care at discharge.* Transitional Case Management, a dynamic, consumer-centric platform, adapts to individual member needs following discharge. Gaps in care and interventions to improve health quality are identified and acted on by care managers.
- *High Narcotic Utilization Monitoring Program.* The goal of this program is to ensure patient safety and reduce inappropriate prescribing of narcotics by alerting physicians when members are obtaining narcotics from multiple practitioners and pharmacies.
- *Communication across clinical settings.* UHC/MDIPA and OCI monitor communication across clinical settings to provide a robust view of coordination of member care.
  - *Member evaluation* provides valuable information on communication between multiple physicians providing treatment. Members' perception of care coordination indicates their level of confidence in their treatment and may reflect activities not captured in other data collection methods.
  - *Communication of Discharge Information Among Physicians.* Monitoring patients after an acute inpatient hospitalization ensures that the outpatient physician is aware of the course of the inpatient treatment and follow-up recommendations.

- *Members with complex medical conditions.* Continuity and coordination of medical care is monitored through OptumHealth Care Solutions programs that transition identified members with complex medical conditions to Centers of Excellence which provide access to clinically superior, cost effective health care.
- *Treatment Decision Support (TDS) Programs:* an enhanced condition-support solution that provides one-to-one coaching for patients facing specialized treatment or condition decisions, TDS provides access to registered nurses with the expertise and resources to help patients understand their condition and make informed, sound decisions about their treatment.
- United Behavioral Health (UBH), UHC/MDIPA, and OCI collaborate to monitor and improve coordination between behavioral health care and medical care. Where opportunities for improvement exist, they are prioritized and collaborative actions are implemented.

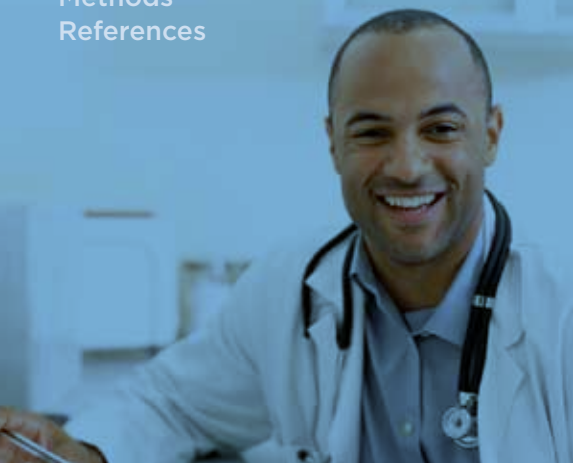
*The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.*

*Note: M.D. IPA and OCI are owned and operated by Mid-Atlantic Medical Services, LLC (MAMSI), a regional holding company and subsidiary of UnitedHealth Group, Inc.*

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## SECTION 10

## STATEWIDE INITIATIVES TO IMPROVE COORDINATION OF CARE AND REDUCE HEALTH CARE COSTS

**MARYLAND PATIENT-CENTERED MEDICAL HOME**

Patient centered medical home (PCMH) is a care model designed to strengthen the patient-physician relationship. The goal is to replace episodic care, which is typically based on illness and patient health complaint, with coordinated care and a long term healing relationship. The focus of the medical home is the person, rather than the disease, emphasizing patient self-management and engagement in care. Key components include understanding patient preferences, culture, shared decision making, and willingness to establish health (behavior) goals. PCMH addresses the need for the proper amount of teamwork and coordination among care providers and other support staff.

In 2011, Maryland will embark on this new model of primary care. This model of care is designed to enhance care coordination provided by a patient's care team, leading to improved patient outcomes and lowering overall health care costs through reduced use of hospital emergency departments and unplanned hospital admissions and readmissions. Patients have better access to care and take a greater role in decision making about their care, and the practice's increased use of clinical information systems improves the efficiency and effectiveness of care decisions.

These concepts have been endorsed in the Joint Principles of the Patient-Centered Medical Home, adopted by national provider organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, the

American Osteopathic Association, and the American Academy of Nurse Practitioners, as well as many business and consumer organizations across the United States. For Maryland patients, the PCMH model offers:

- Improved coordination of care through:
  - Integrated care plans for ongoing medical care in partnership with patients and their families.
  - Chronic disease management with the assistance of specialized care coordinators.
  - Medication reconciliation for every visit.
- Increased access to their primary care provider through:
  - 24-7 telephone response.
  - Same-day appointments for urgent matters.
  - Enhanced modes of care communication.

Maryland law<sup>c</sup> requires the five major carriers of fully insured health benefit products (Aetna, CareFirst, CIGNA, Coventry, UnitedHealthcare) to participate in the pilot program. They will work with Maryland government and private employers to encourage 200 primary care providers to become involved in PCMH, providing at least 200,000 Maryland patients with more coordinated, quality medical care.

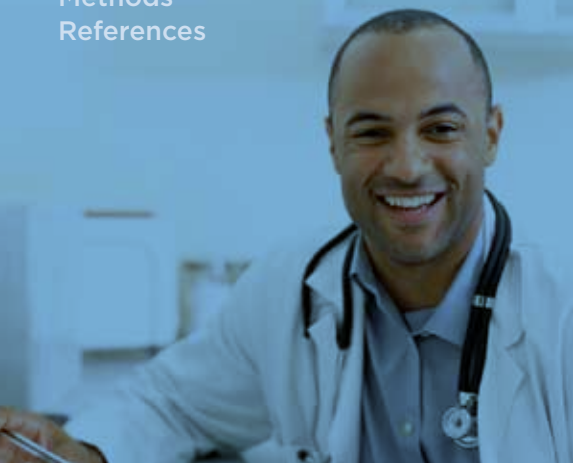
For Maryland employers, the PCMH model offers the type of care they are increasingly demanding: a strong emphasis on primary care, lower costs of care and, ultimately, a healthier workforce through better coordination of care and expanded access to primary care providers.

<sup>c</sup> Maryland law governing the PCMH pilot can be found in Chapter 5 of the Acts of 2010.



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## SECTION 10

## STATEWIDE INITIATIVES TO IMPROVE COORDINATION OF CARE AND REDUCE HEALTH CARE COSTS

**MARYLAND HEALTH INFORMATION EXCHANGE**

A health information exchange (HIE) is a mechanism that electronically transmits clinical health information safely and efficiently among providers and systems—a key component of care coordination. The HIE facilitates access to and retrieval of clinical data and provides safe, timely, efficient, effective, and equitable patient-centered care.

Maryland is committed to building a safe and secure network for the exchange of health information, to prevent security threats and to address privacy issues using input from various stakeholders, including medical and technical experts, patients, and providers. Key drivers that warrant expanding HIT include the spiraling cost of health care, preventable medical errors, variability in the quality of care, and fragmented communication among providers.

The Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) are collaborating to implement an interoperable statewide HIE that creates a data library, rather than a data repository, which will allow providers and payers access to pertinent patient health data. However, a statewide HIE cannot be established without first building patient trust, which is needed to develop privacy and security policies. The State will continue to engage patients in the process of establishing a Statewide HIE. Using \$10 million allocated for this purpose, the State will continue to develop a “citizen-centric,” Statewide electronic HIE that allows providers to translate and share patient information using a system that maximizes privacy and security.

**HOW MARYLAND HEALTH PLAN MEMBERS RATE COORDINATION OF CARE**

41 percent of Maryland health plan members surveyed said their personal doctor “always” seems informed and up to date about the care they got from other doctors or health providers. See page 15 for more details about survey results.



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## SECTION 11

### TAKE AN ACTIVE ROLE IN COORDINATING YOUR CARE

You are a major player in managing your care! Make sure you understand the directions, recommendations, and expectations of your doctors and other care providers.

You can take an active role in coordinating your care by:

**1. Communicating with your PCP and other providers.**

If you see a specialist, ask that doctor to send a copy of your records to your PCP. If you have an emergency room visit, tell your PCP.

**2. Increasing your awareness** about when to seek appropriate preventive services, such as flu shots and annual check-ups, and staying informed about signs and symptoms of chronic conditions, such as diabetes and heart disease.

**3. Keeping up-to-date medication lists** and informing new doctors about the medications you take.

#### TOOLS AND RESOURCES

The information on the following Web sites can help you take an active role in your health care.

#### Communicate with your health care provider

The following information and tools can help you communicate with your provider. Your provider or plan may provide a similar resource for you to use.

- To learn about becoming more involved in your health care, go to: <http://www.ahrq.gov/consumer/quicktips/doctalk.htm>
- For a guide to help you and your caregivers prepare for a visit with a health care professional, go to: [http://www.ntocc.org/Portals/0/Taking\\_Care\\_Of\\_My\\_Health\\_Care.pdf](http://www.ntocc.org/Portals/0/Taking_Care_Of_My_Health_Care.pdf). The guide includes a form to track medications.
- To create a personalized list of questions to ask your health care professional during a visit, go to: <http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx>
- For a list of questions to ask your health care professional when you get a new prescription, go to: [http://www.talk-aboutrx.org/golodner\\_message.jsp#howtotalkaboutrx](http://www.talk-aboutrx.org/golodner_message.jsp#howtotalkaboutrx)
- For a form that can help you keep track of medications you take, go to: <http://www.safemedication.com/safemed/MyMedicineList.aspx>

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TAKE AN ACTIVE ROLE IN  
COORDINATING YOUR CARE**Prepare for an emergency or hospital visit**

The following information and tools can help you prepare for an emergency or hospital visit. Your hospital may provide a similar resource for you to use.

- For a list of information you should have in case you ever need to go to the emergency room, go to: <http://www.ahrq.gov/consumer/cc/cc090109.htm>
- For helpful tips on how to have a safe and successful hospital stay, go to: [http://www.ntocc.org/Portals/0/Hospital\\_Guide.pdf](http://www.ntocc.org/Portals/0/Hospital_Guide.pdf)
- For a guide to help you keep track of your medication schedules, upcoming medical appointments, and important phone numbers, go to: <http://www.ahrq.gov/qual/goinghomeguide.htm>

**LINKS TO OTHER MHCC REPORTS****Maryland Resources**

For additional information on health plan quality and performance, visit the **MHCC Web site**.

- *Comprehensive Performance Report: Commercial HMO, POS, and PPO Plans in Maryland*. Contains plan-specific rates on HEDIS (clinical) and CAHPS (survey) measures.

Publications on the performance of health care facilities are available on the **MHCC Web site**, including these three Web-based, interactive guides.

- *Maryland Hospital Performance Evaluation Guide*. Compares the quality of care provided by Maryland hospitals.
- *Maryland Nursing Home Performance Evaluation Guide*. Compares comprehensive nursing care facilities and continuing care retirement communities in Maryland on age or functional ability of residents and on measures of quality.
- *Maryland Ambulatory Surgery Facility Consumer Guide*. Provides descriptive information about ambulatory surgery facilities and their services.
- *A Consumer's Guide to Getting and Keeping Health Insurance in Maryland*. Contains descriptions of the protections you have when you seek to buy, keep, or switch health insurance.
- *Maryland Health Insurance Partnership for Small Business*. Provides information about the partnership, enrollment and a subsidy table.

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## SECTION 12

## FEATURES OF HMOS, POS, AND PPO PLANS

HMOs, POS plans, and PPOs all have distinct features. Both HMO and POS plans use a PCP, who is responsible for coordinating a patient's care. Traditionally, a key difference between HMO and POS plans is that POS plan members do not need a referral from a PCP to see a specialist, and may select a physician who is not in the

plan's "network" of physicians—although members' out-of-pocket costs are lower when they use an in-network physician. If you are a state employee, please see page 36, which provides information on the various types of managed care plans offered to State of Maryland employees.

TABLE 6: FEATURES OF HMO, POS, AND PPO PLANS

	HMO	POS	PPO
<b>Access to primary care</b>	Members must choose a PCP who manages their care. The PCP must be part of the plan's physician network.	Members must choose an in-network provider, but may also choose an out-of-network provider for higher out-of-pocket costs.	Members may choose an in-network provider or an out-of-network provider.
<b>Referrals for specialty care providers</b>	Members need a referral from their PCP to see a specialist and other providers.	Members may choose between PCP referral providers or out-of-network providers.	No referrals are needed to seek care from specialists or other health care providers.
<b>Out-of-pocket costs</b>	<p>Annual premiums tend to be lower than POS and PPO plans.</p> <p>Cost sharing: Fixed copayment.</p>	<p>Annual premiums tend to fall between HMO and PPO plans.</p> <p>Cost sharing: Fixed copayments for in-network services and deductibles and co-insurance for out-of-network services.</p>	<p>Annual premiums tend to be higher than HMO and POS plans.</p> <p>Cost sharing: Fixed copayments for in-network services and deductibles and co-insurance for out-of-network services.</p>

(Source: America's Health Insurance Plans Consumer Guide: Questions and Answers About Health Insurance, [www.ahip.org](http://www.ahip.org))

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## HEALTH PLAN CONTACT INFORMATION

PLAN	PHONE	WEB SITE
<b>AETNA</b>	800-694-3258 Monday-Friday 8:00 AM-5:00 PM	<a href="http://www.aetna.com">www.aetna.com</a>
<b>CAREFIRST BLUECROSS BLUESHIELD</b>	866-520-6099 Monday-Friday 7:00 AM-7:00 PM  Saturday 8:00 AM-1:00 PM	<a href="http://www.carefirst.com">www.carefirst.com</a>
<b>CIGNA</b>	800-CIGNA24 (800-244-6224) 24 hours a day, 7 days a week	<a href="http://www.cigna.com">www.cigna.com</a>
<b>COVENTRY</b>	800-833-7423 Monday-Friday 8:00 AM-5:00 PM	<a href="http://www.coventryhealthcare.com">www.coventryhealthcare.com</a>
<b>KAISER PERMANENTE OF THE MID-ATLANTIC STATES HMO</b>	301-468-6000 (metro area) Monday-Friday 7:30 AM-5:00 PM  800-777-7902 (Outside metro area: toll free)  Medical advice/appointments numbers for members 800-777-7904 or 703-359-7878 24 hours a day, 7 days a week  For hearing and speech impaired 301-879-6380	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
<b>MDIPA/OPTIMUM CHOICE</b>	800-331-2102 or 301-360-8040 24 hours a day, 7 days a week  For hearing and speech impaired 800-553-7109 or 301-360-8111	<a href="http://www.mamsiUnitedHealthcare.com">www.mamsiUnitedHealthcare.com</a>

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## SECTION 14

## HEALTH PLAN CHOICES FOR STATE EMPLOYEES

This year, Maryland State employees continue to have the option of EPO, POS, and PPO health plans. [Table 7](#) compares the various types of managed care plans offered to State of Maryland employees. Key differences include whether health plan members must select a PCP and whether they must obtain a referral before seeing a specialist. Members will typically have higher costs when using out-of-network providers. Each health plan (listed in [Table 8](#)) offers a national network of health care providers and has different rules for how members use the plan's benefits. Contact a plan for more details.

## HELP IN RESOLVING ISSUES

State employees who have a problem with the care or service provided by a State health plan must first use the plan's internal process for resolving issues. If the problem cannot be resolved through the internal process, send an appeal to the State of Maryland Benefits Review Committee, c/o Employee Benefits Division, 301 W. Preston Street, Room 510, Baltimore, MD 21201. Each month the committee considers appeals for which it has received all documentation from the provider and plan.

## MANAGED BEHAVIORAL HEALTHCARE ORGANIZATIONS

Maryland State employees automatically receive mental health and substance abuse coverage, but mental health and substance abuse benefits vary by medical plan. If you are enrolled in an EPO plan, your mental health and substance abuse benefits are provided by your plan's MBHO. See [Table 5](#) for information on behavioral health care networks. If you are enrolled in a PPO or POS plan, your mental health and substance abuse benefits are provided by APS Healthcare Bethesda, Inc. Refer to the *State of Maryland Guide to Your Health Benefits*.



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HEALTH PLAN CHOICES FOR  
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**TABLE 7: COMPARISON OF THE VARIOUS TYPES OF MANAGED CARE PLANS OFFERED TO STATE OF MARYLAND EMPLOYEES**

HEALTH PLAN TYPE:	EPO	POS	PPO
<b>Access to PCPs</b>	<i>Aetna Select EPO and UnitedHealthcare Select EPO do require members to choose an in-network PCP who manages their care. CareFirst EPO does not require members to choose a PCP.</i>	<i>Aetna Choice POS II and UnitedHealthcare ChoicePlus POS do not require members to choose a PCP. Members choosing CareFirst Maryland POS must choose an in-network PCP.</i>	<i>CareFirst PPO and UnitedHealthcare Options PPO do not require members to choose a PCP.</i>
<b>Referrals for specialists</b>	<i>Members do not need a referral to see an in-network specialist or other health care provider.</i>	<i>Aetna Choice POS II and UnitedHealthcare ChoicePlus POS do not require members to get a referral for in-network or out-of-network services.* CareFirst Maryland POS members must use a PCP referral for in-network providers or may opt not to use a referral for out-of-network providers.*</i>	<i>Members do not need a referral to see an in-network or out-of-network specialist or other health care provider.*</i>
<b>Out-of-network care</b>	<i>There are no benefits for out-of-network services. Members are responsible for the full charge billed by the out-of-network physician or facility.</i>	<i>For all plans, members may receive services from out-of-network providers without obtaining a referral. (This is called "self-referral.")*</i>	<i>Members must pay the entire fee when they receive a service and must submit a claim for reimbursement for out-of-network physicians. This amount is applied toward the plan-year deductible.*</i>

*\*For co-pay and out-of-network deductible amounts, see the State employee benefit booklet produced and distributed by the Employee Benefits Division of the Department of Budget and Management.*



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TABLE 8: STATE OF MARYLAND EMPLOYEE HEALTH PLAN CHOICES

PLANS	PHONE	WEB SITE	WHERE TO FIND THE PLAN IN THIS GUIDE
<b>Aetna</b> (nationwide) <i>Select EPO</i> <i>Choice POS II</i>	800-501-9837 800-501-9837 (TTY/TDD)	<a href="http://www.aetnamd.com">www.aetnamd.com</a>	<p><i>Aetna Select EPO</i> performance information is not represented in this report, please refer to <i>Aetna's HMO/POS</i> for comparable quality information.</p> <p><i>Aetna Choice POS II</i> performance information is reported as part of <i>Aetna's HMO/POS</i> quality information.</p>
<b>CareFirst</b> <b>BlueCross</b> <b>BlueShield</b> (regional only) <i>EPO</i> <i>POS</i> <i>PPO</i>	State Operations Center: 410-581-3601 (Baltimore); 800-225-0131 (outside Baltimore)  TTY: 711 (Maryland only); 800-735-2258 (outside Maryland)	<a href="http://www.carefirst.com/statemd">www.carefirst.com/statemd</a>	<p><i>CareFirst EPO</i> performance information is not represented in this report, please refer to <i>CareFirst's HMO/POS</i> for comparable quality information.</p> <p><i>CareFirst Maryland POS</i> performance information is reported as part of <i>CareFirst's HMO/POS</i> quality information.</p> <p><i>CareFirst PPO</i> is represented in this guide.</p>
<b>UnitedHealthcare</b> (nationwide) <i>Select EPO</i> <i>Choice Plus POS</i> <i>Options PPO</i>	800-382-7513 800-553-7109 (TTY/TDD)	<a href="http://www.uhcmaryland.com">www.uhcmaryland.com</a>	<p><i>UnitedHealthcare Select EPO</i>, <i>UnitedHealthcare ChoicePlus</i> and <i>UnitedHealthcare Options PPO</i> performance information is not reported in this guide.</p>

Note: For additional information regarding health benefit options for State employees, visit the [Department of Budget and Management](#).





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## SECTION 15 METHODS

### COMPARISON OF MARYLAND PLAN RATES TO THE MARYLAND AVERAGE

Rates for each Maryland HMO/POS plan are compared against the Maryland average. If the difference between a plan's rate and the Maryland HMO/POS average is statistically significant, the plan is assigned to the "above average" or "below average" category, accordingly. "Statistically significant" means that scores varied by more than could be accounted for by chance. A 95 percent degree of confidence is used to determine whether the difference between the rates is statistically significant.

This report uses the following symbols to denote relative comparisons between the plan and the Maryland HMO/POS average.

- ★★★ The plan's performance is significantly better than the Maryland HMO/POS average
- ★★ The plan's performance is equivalent to the Maryland HMO/POS average
- ★ The plan's performance is significantly worse than the Maryland HMO/POS average

In some situations, two plans with the same rate are classified into two different performance rating categories. This is either because the statistical analysis used entire numbers without rounding (rates were rounded for display in this report) or because of a difference in the plans' data collection method. Plans that use claims and physician encounters to

collect data on their entire eligible population (the Administrative Method) have a larger denominator, which allows a more precise estimation of the true rate than plans that collect data on a sample of the population using administrative systems and member records (the Hybrid Method). *This means that statistical examination of two plans with the same rate can result in two different performance strata.*

*(Results for PPOs are not shown because there is not sufficient information upon which to calculate a state average.)*

### COMPARISON OF MARYLAND TO REGIONAL AND NATIONAL AVERAGES

The Maryland State average is compared to the regional and national averages. If the difference between the Maryland State average and regional or national average is statistically significant, the Maryland State average is assigned to the "above average" or "below average" category, accordingly. "Statistically significant" means that scores varied by more than could be accounted for by chance. A 95 percent degree of confidence is used to determine whether the difference between the rates is statistically significant.

National averages are calculated using rates from 300 commercial HMO/POS and 87 PPO plans around the country. Regional averages are calculated using the 2010 measure rates from 43 commercial HMO/POS and 13 PPO plans located in Washington, DC; Delaware; Maryland; New Jersey; Pennsylvania; Virginia; and West Virginia.

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This report uses the following symbols to denote relative comparisons between the Maryland State average and the national or regional averages.

- ★★★ The Maryland State average is significantly better than national or regional average
- ★★ The Maryland State average is equivalent to the national or regional average
- ★ The Maryland State average is significantly worse than the national or regional average

**DATA COLLECTION METHODOLOGY**

To capture representative results effectively, HEDIS gives HMO/POS plans the choice to use either the Administrative Method or the Hybrid Method of data collection. The Hybrid Method allows health plans to supplement rates typically calculated from administrative data systems that gather information from member medical records. By using the Hybrid Method, health plans can produce rates that reflect actual performance better.

Briefly, the basic steps of the two methods are as follows:

- **Administrative Method:** After identifying the eligible member population for a measure, health plans search their administrative database (claims and encounter systems) for evidence of the service. For some measures, rates calculated using the Administrative Method might be slightly lower than rates calculated for the same measure using the Hybrid Method.
- **Hybrid Method:** After selecting a random sample of eligible members for a measure, the health plan searches its administrative databases for information about whether each individual in the sample received the service. If the administrative database does not contain the information, the plan will then consult medical records to confirm that individuals in the sample received the service.

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## REFERENCES

- Adams, K., A. Greiner, and J. Corrigan. 2004. 1st annual crossing the quality chasm summit: a focus on communities. Committee on the Crossing the Quality Chasm: Next Steps toward a New Health Care System, Board on Health Care Services, Institute of Medicine. [http://www.nap.edu/openbook.php?record\\_id=11085&page=47](http://www.nap.edu/openbook.php?record_id=11085&page=47)
- Anderson, G. 2003. Using technology to increase coordination of care. *Public Health and Policy*. 6,349-50.
- Brown, R., D. Peikes, and G. Peterson. Features of successful care coordination programs webinar on care management of patients with complex health care needs, December 16, 2009, Mathematica Policy Research, Inc. [http://www.mathematica-mpr.com/publications/PDFs/health/carecoord\\_brown.pdf](http://www.mathematica-mpr.com/publications/PDFs/health/carecoord_brown.pdf)
- Graetz, I., M. Reed, T. Rundall, J. Bellows, R. Brand, J. Hsu. 2009. *Care coordination and electronic health records: connecting clinicians*. AMIA 2009 Symposium Proceedings.
- McDonald, K.M., V. Sundaram, D.M. Bravata, R. Lewis, N. Lin, S. Kraft, M. McKinnon, H. Paguntalan, D.K. Owens. Care Coordination. Vol 7 of Shojania, K.G., K.M. McDonald, R.M. Wachter, D.K. Owens, editors: *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies*. Technical Review 9 (Prepared by the Stanford University-UCSF Evidence-based Practice Center under contract 290-02-0017). AHRQ Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality. June 2007.
- National Quality Forum, available at [http://www.qualityforum.org/projects/care\\_coordination.aspx#t=1&cs=&p](http://www.qualityforum.org/projects/care_coordination.aspx#t=1&cs=&p)
- O'Malley, A., J. Grossman, G. Cohen, N. Kemper, H. Pham. 2009. Are electronic medical records helpful for care coordination? Experiences of physician practices. *Journal of General Internal Medicine*, published online Dec. 22, 2009.
- O'Malley, A., A. Tynan, G. Cohen, N. Kemper, M. Davis. 2009. Coordination of care by primary care practices: strategies, lessons and implications. *Center for Studying Health System Change*, Research Brief No. 12.
- O'Malley, A., and P. Cunningham. 2009. Patient experiences with coordination of care: The benefit of continuity and primary care physician as referral source. *Journal of General Internal Medicine*. 24,170-7.
- Peek, C. 2009. Integrating Care for Persons, Not Only Diseases. *Journal of Clinical Psychology in Medical Settings*, 16, 13-20.
- Peikes, D., A. Chen, J. Schore & R. Brown. 2009. Effects of care coordination on hospitalization, quality of care, and health care expenditures among Medicare beneficiaries. *JAMA*, 301, 603-618. <http://jama.ama-assn.org/cgi/content/full/301/6/603>
- Wicks, E., D. Rodin, D. Struger-Fritsch, T. Murray. 2009. *Value-based benefit design and value based purchasing in the Maryland small group market*. Prepared for the Maryland Health Care Commission.

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*Selecting Quality and Resource Use Measures: A Decision Guide for Community Quality Collaboratives.* AHRQ Publication No. 09(10)-0073, May 2010. Agency for Healthcare Research and Quality, Rockville, MD.  
<http://www.ahrq.gov/qual/perfmeasguide>

U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. (2008). Development of a plan to transition to a Medicare value-based purchasing program for physician and other professional services.  
<https://www.cms.gov/PhysicianFeeSched/downloads/PhysicianVBP-Plan-Issues-Paper.pdf>